

No. 300  
10.48

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9633**  
Registrar's No. **86**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **2043**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Rolls</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hosp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	
		d. STREET ADDRESS (If rural, give location) <b>R R # 4</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Melvin</b> c. (Last) <b>Tapley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 18, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>September 8, 1915</b>
9. AGE (In years last birthday) <b>34</b>		10. MONTHS <b>6</b>	11. DAYS <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Universal Glass Cement plant</b>	11. BIRTHPLACE (State or foreign country) <b>New London Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Joseph Arthur Tapley</b>	
13b. MOTHER'S MAIDEN NAME <b>Nellie Mae Conrad</b>		14. NAME OF HUSBAND OR WIFE <b>Elma Dee Tapley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W.P.A.</b>		16. SOCIAL SECURITY NO. <b>330-09-6963</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Roy Ross</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive Hemorrhage (chest)</b> INTERVAL BETWEEN ONSET AND DEATH <b>9 hrs</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Inquest Pending</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Mark Twain Bridge</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hannibal Marion Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3/17/50</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car collision</b>	
22. I hereby certify that I attended the deceased from <b>3-17</b> , 19 <b>50</b> , to <b>3-18</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>3-18</b> , 19 <b>50</b> , and that death occurred at <b>8:15 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>H. L. Murphy M.D.</b>		23b. ADDRESS <b>Hannibal, Mo.</b>	23c. DATE SIGNED <b>3-21-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/21/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grandview Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-22-50</b>	REGISTRAR'S SIGNATURE <b>W. E. Matlock</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Matlock</b>	ADDRESS <b>Hannibal Missouri</b>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1950

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

MAR 27 1950

VERDICT OF THE JURY

We, the jury find that Vivian Alcock and Charles Melvin Tapley came to their death from injuries received while riding in a 1949 Ford Sedan, which collided into the rear end of a semi trailer truck, which was stopped and detained on the Mark Twain Bridge by officers of the Hannibal Police Force.

*W. Crawford Smith*  
W. Crawford Smith

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*John S. Ward*

Signed.....

Student Embalmer

Licensed Embalmer No. .... 4540

P. O. Address..... Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.